

## COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK

P.O. BOX 53120, LOS ANGELES, CALIFORNIA 90053-0120 (562) 462-2137

"Enriching Lives"

DEAN C. LOGAN ACTING REGISTRAR-RECORDER/COUNTY CLERK

## **CERTIFICATE OF IDENTITY/SWORN STATEMENT - BIRTH & DEATH**

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth or Death Certificate. You must be one of the following to receive an authorized copy of a birth or death record: individual named on certificate, parent, legal guardian/custodian, child, grandparent, grandchild, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency.

## This certificate must be signed in the presence of a Notary.

Name on C	ertificate	Relationship		
as on conmound				
If you are requesting more	than 3 certificates ple	ease indicate the to	tal number of certific	cates requested
[,(Print Name)	, declare	under penalty of pe	rjury under the laws	s of the State of
California, that I am an aut and am eligible to receive a	horized person, as o	defined in California	Health and Safety	Code Section 103526(c
Subscribed to the	day of	20, at	(C:t-x)	(Ctata)
(Day)	(Month)		(City)	(State)
		(Signature)		
CE	RTIFICATE OF ACI	KNOWLEDGEMEN	T	
STATE OF CALIFORNIA	) ) ss			
County of	)			
On	hefore me		nerso	onally appeared
O.I.		(Insert name and title of office		many appeared
		who proved to me	on the basis of sat	isfactory evidence, to be
the person whose name is		-		-
•			J	
executed the same in his/he	•		•	instrument the person, o
the entity upon behalf of wh	lich the person acted	a, executed the instr	ument.	
Leastife and DENIALTY OF		h - Januar - 6 th - Otata	of Colifornia that th	
I certify under PENALTY O	F PEKJUKY UNGER tI	ne laws of the State	oi Caiifornia that tr	ie ioregoing paragraph is
true and correct.		)		
			my hand and offici	al seal.
		(NOTARY	SEAL)	
Notary Signature				R919 01/08